Suggestion Improvement Form

Your feedback is very important tool that OSSO Board of Directors uses to facilitate positive changes to the soccer program. In order to capture the problems and proposed solutions, we ask that you complete this form.

Your Name: _____

Your Team Number: _____

Date: _____

Problem / Concern / Issue:

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Proposed solution(s):

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Signature:_____

The OSSO Board will review each suggestion improvement form and take the appropriate action. Thank you for your contribution to the program. You can use the back of this sheet to provide expanding information if required. Submit this form to an OSSO Board Member or mail to OSSO, PO Box 368, Ocean Springs, MS 39566 or go to www.oceanspringssoccer.org **and click "Feedback".**